# Data Transmission System (DTS)

DATE: January 31, 2006 STATUS: ORIGINAL SUBMISSION

Part C, Child count data are due February 1, 2006.

Please read the following basic guidelines before completing the Data Transmission System (DTS) forms:

- 1. To change the size and appearance of the text on the spreadsheet, select VIEW from the toolbar, select ZOOM, and then select the percentage increase or decrease.
- 2. Enter the appropriate data into the YELLOW shaded areas on each page of the form. Please be sure to read section heading descriptions so data are entered in the correct section. Also, be sure to enter any State and date information. The two-digit State postal code should appear on every page of the form. A list is available on PAGE1. Use the scroll bar or the up or down arrow keys to scroll through the list. Click on the appropriate State postal code to select it.
- 3. If you choose to cut and paste data from another area, use the PASTE SPECIAL option and select VALUES. This will protect the current formats.
- 4. Any comments regarding the submitted data should be entered on the last page of the workbook, titled COMMENTS.
- 5. Save the completed forms. Please be sure that your State postal code appears in the file name. (Example: Maryland CT105MD.XLS)
- 6. RED cells indicate computational errors or an error in reporting race/ethnicity. Sum totals for race/ethnicity should equal reported totals. Please make sure there are NO RED CELLS before saving and submitting data.
- 7. Print the entire workbook by selecting, FILE, PRINT and then select ENTIRE WORKBOOK located in the 'PRINT WHAT' section. Send printed copies of the completed DTS forms to the Office of Special Education Programs (OSEP) at the following address:

Troy Justesen, Acting Director
Office of Special Education Programs
U.S. Department of Education
Part C Data Reports
Program Support Services Group
Mail Stop 2600
550 12th Street, S.W.
Washington, D.C. 20202
Attn: Cheryl Broady

8. If you received your file by e-mail, please return electronic copies of completed DTS forms to Shafali Srivastava at Westat.

SHAFALISRIVASTAVA@WESTAT.COM Westat 1650 Research Blvd. RA 1297 Rockville, MD 20850-3159

9. If you have any questions or comments, please contact Shafali Srivastava at (301) 315-5998.

U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES OFFICE OF SPECIAL EDUCATION PROGRAMS OMB NO.: 1820-0557

ORIGINAL SUBMISSIONM EXPIRES: 8/31/2007

### TABLE 1

# REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2005

STATE: ND - NORTH DAKOTA

### SECTION A

TOTAL NUMBER OF INFANT	S AND TODDLERS REC	EIVING EARLY INTERVE	ENTION SERVICES		
		AGE AS OF DECEMBER 1:			
	Total	birth to 1	1 to 2	2 to 3	COMPUTED
		(12 months)	(> 12 and 24 months)	(> 24 and 36 months)	TOTAL
TOTAL(ROWS 1-5)	691	125	255	311	691
1. AMERICAN INDIAN OR ALASKA NATIVE	93				
2. ASIAN OR PACIFIC ISLANDER	2				
3. BLACK (Not Hispanic)	12				
4. HISPANIC	11				
5. WHITE (Not Hispanic)	573				

COMPUTED TOTAL 691

ORIGINAL SUBMISSION

CURRENT DATE: January 31, 2006

U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES OFFICE OF SPECIAL EDUCATION PROGRAMS OMB NO.: 1820-0557

FORM EXPIRES: 8/31/2007

#### TABLE 1

# REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2005

STATE: ND - NORTH DAKOTA

### SECTION B (TO BE COMPLETED ONLY BY STATES THAT SERVE AT-RISK INFANTS AND TODDLERS)

NUMBER OF INFANTS AND TODDLERS IDENTIFIED AS AT-RISK (THESE INFANTS AND TODDLERS SHOULD BE INCLUDED IN COUNTS FOR SECTION A)					
	AGE AS OF DECEMBER 1				
	Total	birth to 1	1 to 2	2 to 3	COMPUTED
		( 12 months)	(> 12 and 24 months)	(> 24 and 36 months)	TOTAL
TOTAL (ROWS 1-5)	0	0	0	0	0
1. AMERICAN INDIAN OR ALASKA NATIVE	0				
2. ASIAN OR PACIFIC ISLANDER	0				
3. BLACK (Not Hispanic)	0				
4. HISPANIC	0				
5. WHITE (Not Hispanic)	0				

## SECTION C (OPTIONAL)

CUMULATIVE NUMBER OF INFANTS AND TODDLERS WHO RECEIVED EARLY INTERVENTION SERVICES						
FROM	_ / _ /	TO	// (SPECIFY EXACT DATES)			
		AGE: birth through 2				
NUMBER OF INFANTS AND TODDLERS		0				

0

COMPUTED TOTAL

ORIGINAL SUBMISSION
CURRENT DATE: January 31, 2006

COMMENTS

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION
PROGRAMS

### TABLE 1

# REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2005

COMMENTS

STATE: ND - NORTH DAKOTA